

Corporate Officer and/or Director Change

FOR DMV USE ONLY				
OL NUMBER				
NAME				

Instructions: Type or print clearly in black ink. The following items are required to remove, add, or report officer title changes:

- 1. Completed application for Corporate Officer and/or Director Change, OL 15
- 2. Excluding title changes, all persons listed in Section B must furnish:
 - Personal History Questionnaire, OL 29
 - Appointment of Director as Agent for Service of Process, ADM 9050
 - Request for Live Scan Service (receipt), DMV 8016 or
 - Fingerprint Card, ADM 1316 (out-of-state applicants only) plus \$42 fingerprint processing fee for each person
- 3. Copy of Corporate Minutes or Statement of Officers stamped by the California Secretary of State's Office

4. Submit completed OL 15, fees, and additional fe	orms (if applicable) to your	local Ins	pector	
1				do hereby certify that
SECRE				
CORPORATE NAM	1E		is ir	ncorporated in the State of
	, and is authorized by	the Cal	ifornia Se	cretary of State, to transac
business in California. Our corporate number is				, and our California
State Board of Equalization Seller's number is				 •
SECTION A — REMOVE OFFICER(S) FROM REC	CORDS			
I further certify, that the following principal officer(s) and/o of the licensed entity in this state have resigned, have been	r director(s) participating in the en removed from office, or are	e direction decease	n, control a d.	nd management of the affairs
TRUE FULL NAME	TITLE OF OFFICERS	'X' IF Director	'X' IF Principal Stockholder	EFFECTIVE DATE
SECTION B — ADD OFFICER(S) TO RECORDS				
I further certify, that the following principal officer(s) and/o of the licensed entity in this state have been appointed or				
TRUE FULL NAME	TITLE OF OFFICERS	'X' IF Director	'X' IF Principal Stockholder	EFFECTIVE DATE
	•			•

SECTION C — COMPLETE LIST OF OFFICER(S) FOR DMV RECORDS

I further certify, that the current principal officer(s), director(s) and stockholder(s) participating in the direction, control and management of the affairs of the licensed entity in this state are:

TRUE FULL NAME	TITLE OF OFFICERS	RESIDENCE ADDRESS			
SECTION D — CERTIFICATION					

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

i turtner certify that I am the oπicial custodian of the records of this corporation.						
PRINTED NAME	TITLE	AREA CODE/BUSINESS PHONE NUMBER				
		, ,				